## ICATION FOR UNITED STATES PATE LARATION AND POWER OF ATTORNEY

I hereby declare, as a named inventor of the invention identified herein, that my residence, post office address and citizenship are as stated below next to my name; that I verify and believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which

patent is sought on the invention entitled:
TITLE: CHOKE COIL
which is described and claimed in the specification; aattached hereto; bX _ filed6/23/98 _ as U.S. Patent Appl terial No09/091.805 _ and amended on; cX _ identified by the Assignee as reference numberP15628-01 are ssigned by my attorney ATTORNEY DOCKET NUMBERMATS:006
I hereby declare that I have reviewed and understand the contents of the above-identified specification, including the claims amended by any amendment referred to above, and hereby acknowledge the duty to disclose information of which I am aware which a material to this application for patent on the invention described in the above-identified specification in accordance with 37 C.F.I. 1.56.
I hereby claim priority benefits under 35 U.S.C. §119 based on the following foreign applications(s) filed within one year prior this application and/or under 35 U.S.C. § 365 for the following PCT International Application:
RIORITY: PCT/JP97/03833 filed October 23, 1997
The following applications for patent or inventor's certificate on this invention were filed in countries foreign to the filted states of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign application(s) (INSERT "NONE" IF NO CORRESPONDING CASES): None
I hereby appoint Marc A. Rossi (Reg. No. 31,923) as my attorney of record with full power of substitution and revocation rosecute this application, to transact all business in the Patent Office, and to insert on this document the Attorney Docket Numb ssigned to this application. I further direct that all correspondence in connection with this application be sent to my attorney at the direct provided below:
ROSSI & ASSOCIATES
P.O. BOX 826
<u>ASHBURN, VA 20146-0826</u> (703) 904-4332
I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made hereing own knowledge are true and that all statements made on information and belief are believed to be true; and further that the talements were made with knowledge that willful false statements and the like so made are punishable by fine or imprisonment or bot under 18 U.S.C. §1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereo
1) Inventor's Name: TOSHIYUKI NAKATA
Given Name Middle Initial Family Name
Residence:MATSUSAKA-SHI_MIE JAPAN OF
City State/Province Country
Mailing Address: 947-14. MAENOHETA-CHO
Street/P.O. Box
MATSUSAKA-SHI, MIE 515 JAPAN
City State/Province Zip Country
Citizenship: Japanese

ADDITIONAL INVENTORS PROVIDED ON ATTACHED PAGES YES X NO

August 20, 1998

City

Signature: Kayashi Tahagi Date: August 20, 1998

MATSUSAKA-SHL MIE SIS JAPAN State/Province Zip Country